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ABSTRACT

Presented are practical ideas parents can use to prevent and manage excessive crying during their infant's first year. Designed to foster the development of children's physical and emotional independence, the ideas discussed concern (1) the changing functions of crying throughout the infant's first year, (2) causes of crying, (3) the intellectual development of infants, (4) the emotional needs of infants, (5) past and present child rearing practices, (6) the effect of conflicting advice on parents, and (7) aspects to consider in giving advice to parents about preventing and managing the crying behavior of their infant. The last topic includes brief considerations of infant temperament, cultural perspectives, the intellectual development and emotional needs of babies, social factors related to excessive crying, physical causes of excessive crying, and problematic aspects of handling, which include controlling, calming, picking up, responding, and pushing away. Concluding remarks emphasize that parents who can respond promptly but not urgently to crying and enjoy cuddling for affection's sake without feeling guilty, will, contrary to popular belief, have a baby who at 12 months cries less, is more independent, and is neither spoiled nor uncontrollable. (RH)

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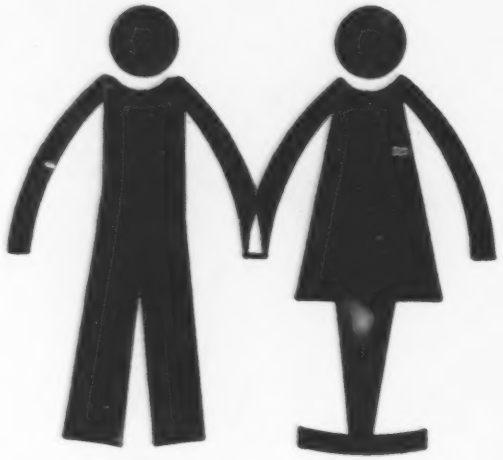

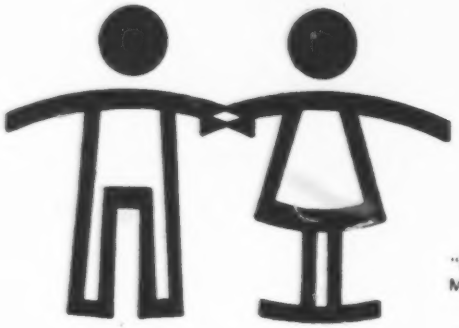

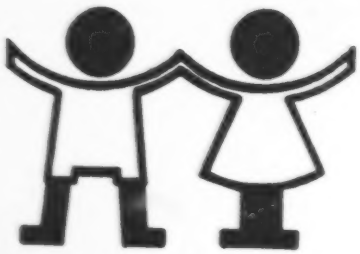

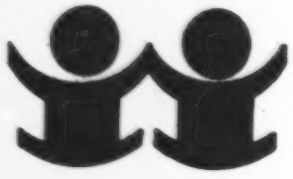

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UNDERSTANDING CRYING IN INFANCY

by Margaret Hope

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UNDERSTANDING CRYING IN INFANCY

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INTRODUCTION

Excessive crying in babies is a common problem. Since crying is normal for babies, the question arises as to why it becomes excessive. To answer this question and to deal with excessive crying require an understanding of the reasons for and the functions of normal crying. This in turn demands an understanding of the emotional needs of infants and of their intellectual development as well as an understanding of intent. An important factor is the influence of child rearing practices. It is proposed herein that past and present child rearing practices have fostered incorrect beliefs about infants, such as the myth that babies need to be 'controlled' in order to avoid being 'spoiled'. These misconceptions have created confusion in parents' minds and have contributed to creating the problem.

Education of parents is very important in the management of excessive crying. To begin with they need to be able to come to terms with the fact that our society believes parents, and especially mothers, are to blame for creating the problem and that this greatly undermines their confidence. Then they need to recognise that one of the important needs of infants in their first year of life is to be reassured that their world is safe and that reassurance can be provided in many different ways. Parents as a consequence can then follow their instincts without fear of creating an uncontrollable and spoilt child.

Practical ideas for the prevention and management of excessive crying discussed in this paper are designed to foster the development of both physical and emotional independence in the child. The development of independence is clearly linked to infants' ability, at around 9 - 10 months, to come and go of their own volition and to separate from their parents. At that stage it becomes necessary to begin setting limits on their behaviour, often for reasons of safety, and at the same time to provide reassurance as before. In addition, reassurance can be provided if the parents function as a 'safe base'. Separation and independence is much more easily achieved after a secure attachment relationship has been established. Enforced separation

does not foster independence nor does it solve the problems associated with separation anxiety or 'anxious attachment' such as clingyness, whingyness and excessive crying.

These concepts are not generally difficult for parents to accept because their emotional needs are very similar and it helps if parents are able to recognise this.

THE FUNCTION OF CRYING

In the broadest sense, the function of crying in the early months is to ensure the infant's survival. Bowlby refers to crying as one of a number of 'attachment behaviours' because it brings someone, usually the mother, into close contact without delay to provide reassurance and comfort. This in turn means the infant will be protected and be sure of receiving nourishment and warmth. This early function of crying has been suggested by some to be a type of biologically 'programmed' behaviour when viewed from an evolutionary perspective and as such necessitates a response from the mother or other close person (Bell & Ainsworth, 1972). Thus crying in the first few months of life is a response to discomfort and distress. Crying signals are gradually supplemented by other signals, such as cooing, smiling and babbling, which Bowlby, (1969) also refers to as 'attachment behaviours', and these are directed more and more specifically towards a particular person.

In later months crying may serve other functions and might be precipitated by other situations such as when mother leaves the room. Bell & Ainsworth, (1972) believe that by the end of the first year the infant uses crying to communicate with the parent in a more complex way which could be construed as intentional behaviour. It is no longer solely a response to discomfort and a type of 'programmed' behaviour necessary to ensure survival.

As the function of crying during the first year of life changes, there is a decrease in the frequency and duration of crying. This progression appears to be directly related to the promptness with which the parent has responded to the crying, especially in the early months. Ainsworth, Bell & Stayton, (1972) and Bell & Ainsworth, (1972) found that the more responsive the mothers were to their infants' crying during the first few months of life, the less frequently those infants tended to cry during the later months of the first year. But when infants were ignored or the response to their crying was delayed, crying occurred more frequently and for longer periods.

Researchers, such as Ainsworth et al, (1972), Bell & Ainsworth, (1972), Crockenberg & Smith, (1982) and Schaffer & Emerson, (1964) have concluded that prompt maternal responsiveness to crying tends to reduce rather than to increase it and that this maternal responsiveness enables the infant to develop a sense of confidence that all is safe and well. The infant is then more likely by the last months of the first year to greet mother more cheerfully when she returns after a brief absence and to use other means of communication besides crying, such as waving, calling, gesturing (Ainsworth et al, 1972 and Bell & Ainsworth, 1972).

CAUSES OF CRYING

Obvious causes of crying in babies include hunger and pain in all its various forms from gastrointestinal discomfort, or 'colic', to irritation from teething, nappy rash or earache, to being hit purposely or accidentally, through to pain caused by illness or disease. Other causes are being undressed, being too hot or cold or being alarmed by a sudden loud noise. Less obvious causes can be alarm caused by very bright light, sudden darkness and objects or faces which are unfamiliar or which appear strange or which are in an unfamiliar context. For example, a baby may cry when a number of admiring but unfamiliar adults gather around and want to pick the child up. The unfamiliar sight and sound of a new musical mobile or the strange physical sensation of a breeze blowing across the baby's face may also appear strange and cause crying.

Any of these causes will produce a more intense response under adverse circumstances, such as if the baby is sick or 'off colour' or separated from mother or a familiar figure. For example, I can remember 'talking' to a six-month-old baby, happily sitting on the floor a little way from her mother, who became suddenly quite distressed when I leaned my head at right angles to look at her. She may well have been less distressed or not distressed at all if she had seen my face in a strange context whilst sitting on her mother's knee.

Lack of physical closeness is also thought to be a cause of crying and important in the development of an attachment relationship (Bowlby, 1969). Bell & Ainsworth, (1972) found that in the first three months infants tended to cry more frequently when their mother went out of sight or earshot than when she was close by, and were soothed most effectively by close physical contact usually holding. By the end of the first year they were soothed just by closeness, not necessarily physical contact.

A frequent cause of crying in older infants is protest or distress on being separated and is thought by some such as Ainsworth, (1972) and Bowlby, (1969) to signify that the attachment relationship, which has been developing in the previous months between the baby and one or two particular people, has reached its peak. This cause of crying begins to emerge around 6 - 7 months, reaches a peak around 11 - 12 months and may persist for 2 or 3 years. Shortly after the onset of separation anxiety infants begin to cry at the sight of strangers.

Parents who are responsive to an infant's crying signals, even though they may not understand the cause, will relieve the discomfort promptly.

INTELLECTUAL DEVELOPMENT

As far as babies are concerned it is only possible to infer whether a behaviour is pre-planned or not from a description of the behaviour in its context. It is safer to infer that babies in the first year are not bent on purposely controlling other people or their surroundings. It is interesting to note that parents of abused children are much more likely to attribute malevolent intent to their child's behaviour than parents of normal children (Patterson, 1982).

During infancy, intellectual development is progressive and is referred to by some, such as Piaget (Phillips, 1969) as a period of sensori-motor development. It is a time when the world of infants is centred on their own bodies (Fein, 1978), and when they develop by relating through their body senses and movement. In the first six months an infant is subjected to a barrage of new experiences, some of which may be pleasurable and produce feelings of comfort which result in such responses as smiling and cooing, while others may be alarming, causing distress and discomfort which result in crying or fussing.

Intent, and Cause and Effect

Over those first few months, many actions and events begin to happen accidentally but by about 3 - 4 months the baby begins to try to repeat or prolong pleasurable experiences. This repetition or patterning of behaviour can be viewed as the beginning of the development of intent and a knowledge of cause and effect, relating initially to body movements.

For example, at 3 - 4 months, a baby catches sight of its own hand waving in front of its face and tries to prolong the event, but then the

hand moves out of view and is forgotten until it accidentally re-appears. At about 4 - 5 months a baby can bring its hand into view and make an intentional movement with it towards an object. For example a baby reaches out for a dangling toy or takes a rattle that is offered and shakes it. At 11-12 months, a baby is able to hold its hand out to have games played and so intentionally involves another person.

Memory

Prior to this time, there is no evidence that an infant can plan ahead of time, for example to imagine 'if I cry, she'll pick me up', or can connect cause with effect when the events are separated in time, for example, 'whenever I cry I am picked up.'

Fein, (1978) cites contradictory evidence of infants' ability to remember. Bower, (1971) believes that very young infants know that an object is still there after it has been hidden but forget it is there within seconds. Some studies have found that 4-month-old babies can recognise geometric patterns after 24 hours, others have demonstrated they can recognise them after 48 hours and can recognise photographs of faces after 2 weeks, (Phillips, 1982). It seems safe to assume that a young infant's memory is limited to events which are associated or linked closely in time, such as, on being moved to a certain position the baby begins to search for the breast, or when put into bed looks for a familiar toy. It is suggested here that the ability to pre-plan or intend a course of action requires the infant to retain or recall the mental image of an object, person or event not immediately present and that this ability is partly dependent on maturation of the nervous system, especially the visual system.

Concept of Self

Firstly, it seems that to behave intentionally requires a concept of self or the concept of one's own separateness. It is believed the infant at birth has no concept of self as distinct from others and the world around and that knowledge of one's own separateness has to be learned, which occurs throughout the first year. This develops first through the body senses and the development of body awareness, such as through moving and being moved, touching and being touched as well as seeing, hearing, tasting and smelling. Then, through the comings and goings of people, the infant learns about separation (Phillips, 1982)

Object and Person Permanence

Secondly, according to Piaget, the development of the infant's concept of object and person begins with the conception of objects and other people as entities

in their own right, existing independently of them. This is followed by the development of person and object permanence when an infant knows that other people and objects continue to exist when not in sight or present. Evidence that this concept is developing emerges between four and eight months, as when an infant leans over to look at an object which has just fallen to the floor instead of continuing to look at the point on the table from which it disappeared - as though it ceased to exist (Phillips, 1982).

Separation Anxiety

At about 7 - 8 months object and person permanence becomes well established. This is about the time the infant's developing attachment relationship reaches its peak and the infant cries in protest at being separated. The infant knows mother exists separately and that she continues to exist when she disappears from sight. However an infant at this stage, and up to 2 to 3 years (Bowlby, 1969), does not realise that separations are only temporary, that mother will return, and so becomes distressed.

Intentional Behaviour

Once infants have a sense of their own separateness, and have developed object permanence, they can begin-

to anticipate or predict an event, such as the anticipation of mother's departure when the baby sees her gather up the car keys

to influence the actions of others more intentionally, such as by causing someone to retrieve a toy which the baby then repeatedly drops

to alter direction or speed or alter the nature of their own behaviour to maintain closeness or contact, such as by crawling quickly after mother if she leaves the room or crying more loudly if she takes no notice.

It is believed that the infant, who in the first year of life can elicit a response from another person at this simple level, does not know what measures to take to alter another's behaviour in a particular way. As far as we know, a baby cannot reason 'if I cry for long enough, she'll get so sick of it she will have to come and pick me up'. Intentional behaviour requires that the infant has both a memory of past experiences and anticipation of future ones which, it is believed does not develop until the second year of life. Intentional behaviour reaches a more complex level in the pre-school years when a child is able to see another's point of view (Phillips, 1982).

From the evidence available it is very hard to concede that a baby under 7 - 8 months can pre-plan an event that does not exist in the present and which is meant to influence another's actions; in other words, he or she does not have the intellectual ability to cry 'just to be picked up'. A baby in the first year surely does not have the ability to cry because 'he's out to get you' or because 'she wants to rule the roost'.

THE EMOTIONAL NEEDS OF INFANTS

As mentioned previously, infants are dependent on adults for protection, warmth and nourishment and these can be supplied by almost anyone, but it is the person who responds to their cries and other signals who best meets their emotional needs. It is known that an infant initiates encounters with another person (Bower, 1941 and Cohn & Tronick, 1983) and behaviours such as smiling and cooing prolong social interaction if this person is responsive. It is this responsive person who becomes the focus of the infant's attachment relationship (Bowlby, 1969 and Ainsworth, 1973).

The relationship with this attachment figure meets one of the most fundamental needs of infants which, it is proposed, is to feel safe and to be relieved of distress or discomfort if they become overwhelmed by their own experiences. Babies, faced with a multitude of new experiences, do not 'know' how to respond. However, they can cope better with experiences which are unpleasant or strange if close to a person who is responsive and who can act as a 'safety net' to soothe, comfort and reassure them when necessary. Babies can also cope with pain or distress better even though they may be unable to be comforted and reassured completely at all times.

It is important that the amount and kind of reassurance given is appropriate to the degree of distress or discomfort experienced in order to convey to the infant whether there is anything to be distressed about or whether all is safe and well. A reassuring word, glance or pat may be all that is needed but if distressed, the infant may need holding firmly and closely. This requires judgement and the more responsive the mother or attachment figure is, the easier this will be.

So infants can be said to need comfort and reassurance when distressed or anxious but they also need to be able to develop a sense of confidence that their needs for reassurance will always be met. Ainsworth et al, (1972) suggest it is only after young infants have been responded to consistently for about 3

months that this sense of confidence is achieved and their crying becomes less intense.

Towards the end of the first year, infants begin to separate from the significant people in their lives. This separation is necessary for the development of self-concept, independence and a sense of competence. Bowlby, (1969) describes the mother or the attachment relationship as providing a 'safe base' from which the infant can leave to explore and to which the infant can be sure of returning when and if the need for reassurance arises. This means that the infant needs freedom of access to the person from whom reassurance is sought, especially when mobile and exploring the world. However, the person who provides this 'safe base' retains control over the nature of the contact during which reassurance is given.

> For example, a mother may decide not to pick up the baby who crawls crying after her as long as the distress is not too great, but to give a reassuring pat or soothing word. This may cause the baby to cry more, in protest, and the parent may allow this to continue until the baby calms unless the distress becomes too great. Then the parent may decide to pick the baby up and hold closely but <u>without</u> making a big production by stroking, shooshing, rocking or giving eye contact all at the same time.

Towards the end of the first year a parent can begin to combine the need for reassurance with the need for some limit-setting so that a mother may hold the baby close to her but restrain the baby's arms to prevent her face being scratched or her hair pulled. This will undoubtedly make the baby cry in protest and it will certainly not be easy for the mother not to 'give in'. However, whilst she is putting some limits on the child's behaviour, her very closeness is reassuring.

It seems that when infants begin to develop a sense of confidence that this relationship will be the source of comfort or reassurance when needed they become more independent, not less. When babies 'know' their need for reassurance will be responded to, then they can begin to take more risks, to take wider and wider excursions into the world, knowing they can go back to their 'safe base' whenever the need arises. If they are secure in the 'knowledge' that they will not be rebuffed and pushed away at times of need, then they are less likely to return continually for reassurance.

Responsiveness to crying is one of the important factors in the development of a secure attachment

relationship (Crockenberg, 1981 and Schaffer & Emerson, 1964). The benefits of a secure attachment relationship which provides unconditional but appropriate comfort and reassurance, are greater exploration and independence, and the ability to form multiple and lasting attachments throughout life.

CHILD REARING PRACTICES PAST & PRESENT

As cited above, the evidence points to the fact that it is both natural and beneficial to respond to an infant's cries. Why do we then in our society persist with the idea that picking up infants when they cry increases their amount of crying, encourages them to want always to be picked up, and turns them int 'spoiled' and uncontrollable children? Why are parents urged to ignore them? After all, those who subscribe to the view that picking up a crying baby increases the crying are making a judgement that crying is bad. From where does the myth originate that we need 'to control them before they control us'?

In order to answer these questions it is useful to look at the history of child rearing and how misunderstanding of some causes of crying have arisen and how principles of current behaviour management have been misinterpreted.

The Origins of the Need to Control Infants

The Calvanists first espoused the notion that children were born with an inheritance of sin and wickedness, of 'original sin'. "The new-born babe is full of the stains of pollution of sin, which it inherits from our first parents through our loins" Richard Allestree, 1676 (in de Mause, 1976, p.10)

Whilst the Puritans believed in the innocence of childhood, they feared that leniency might "consign their own children to hell" (Lorence, 1974, p.14) and warned parents that children might become irreverent and contemptuous if shown too much affection (Illick, in de Mause 1976).

The struggle in parents' minds between innocence and the evil that had to be controlled is evident in the 17th century writings of Robert Cleaver and John Dodd who wrote "the young child which lieth in the cradle is both wayward and full of affections, and though his body be but small yet he hath a (wrongdoing) heart, and is altogether inclined to evil... if this sparkle be suffered to increase, it will rage over and burn down the whole house..." (Postman, 1982, p.47). John Locke advised 18th century parents in England to instil self-control and domination of the will into their children by physical means. Some parents went so

far as to dip their infants into freezing well water to harden them. (Illick, in de Mause, 1976).

A belief in the need to control infants in the first months of life still lingers despite a tremendous surge of interest in child development in recent years. Parents are issued stern warnings about the dangers of picking up young infants and spoiling them and are led to believe that infants become 'addicted' to physical contact if held for too long and too often.

Most parents in this century are still ambivalent towards children. They agree that infants are innocent and vulnerable creatures who need love and protection yet underneath they entertain a sneaking suspicion that society may be right; that their infant might just out-manoeuvre them, or even control them, if given half the chance. Such every-day sayings as "she'll rule the roost if you're not careful" and "you'd better show him who's boss" are an indication that our society perceives some kind of power struggle still going on between adults and infants.

Misinterpretation of Obscure Causes of Crying

It seems many parents elect to be unresponsive to crying when they do not understand the cause. Parents feel free to respond to hunger cries without fear of being told their child will still be crying for food at 16 years of age. Nobody suggests that hunger cries ought to be ignored, so the trouble arises when the causes of discomfort or distress are not obvious. Even adults cannot always pinpoint the source of their own distress or anxiety; that which arises from "the disagreeable feelings and uneasiness that one cannot give a name to, but that exist nevertheless." (de Beauvoir, 1969, p.148). But when they cannot identify the cause of the distress they assume their infant must be crying 'just to be picked up'. In other words, more obscure causes of crying are often attributed to intentional behaviour on the infant's part and as a consequence, the need for reassurance and closeness is ignored.

As previously discussed, it is believed infants do not have the intellectual ability to plan, scheme or intend. What they do have is a rather limited way of communicating their need to be relieved of discomfort or distress. This subtle but very significant difference between intent and need is summed up succinctly in the following - "He does not cry to be picked up; he cries because he has been put down." (Leach, 1974, p.93)

Erroneous Application of Behavioural Principles

To add to parents' confusion, some professionals apply behaviour management principles to infants and

toddlers which are more appropriate for older children. Such techniques as "praise the good and ignore the bad" are applied with zeal to infants when the causes of crying have not been adequately determined. Many parents are encouraged to ignore crying and are told that if they give in to the crying then all is lost and the infant has won, because it is a commonly held view that picking up a baby who is crying reinforces the crying. However, as noted earlier, the reverse is true.

In desperation many parents follow such erroneous advice assiduously and spend agonizing hours listening while the baby becomes more and more distressed and finally falls asleep from exhaustion. If they decide to intervene, the baby is often too distressed to be comforted and the experience lingers like a bad dream in the parents' minds for months.

Such techniques as 'controlled crying' and ignoring undoubtedly 'work' for young infants under some circumstances but probably for different reasons than those espoused by some health professionals and are not appropriate for all babies.'Controlled crying' is a technique which is designed for children in the second year of life. It means that a parent goes back to the child every five minutes or so whilst the crying continues, but stays only so long as it takes to reassure the child, (Leach, 1983). Some professionals suggest letting the child cry for a few minutes longer each time before going in.

Ignoring is certainly not an appropriate behavioural strategy for dealing with distress at any age - from infancy to adulthood. In behavioural terms, a more appropriate strategy to think of would be to remove aversive stimuli or create an anxiety diminishing situation or activity to counter the distress, such as close physical contact (Patterson, 1982). It is only towards the end of the first year, with the development of intellectual abilities such as object permanence, that ignoring can be introduced in a way that is safe and which will be discussed.

THE PARENTS' DILEMMA

It is little wonder that parents are confused. The biologically 'programmed' crying behaviour of infants, which has aided the survival of the human race for over 40,000 years, may no longer be necessary to ensure survival in to-day's western society, but no one has told the baby that.

Parents these days are given so much conflicting advice that they feel guilty if they leave the infant

to cry and just as guilty if they respond by picking up. This perhaps is where some of the problems of excessive crying begin. Parents who feel guilty about responding to crying tend to cut short the time spent holding the baby. This then leads to their picking the baby up more frequently and for briefer periods. The more guilty they feel about spoiling the child, the more pressured they feel to try and stop the crying. They begin to respond urgently rather than promptly and their attempts to pacify the child become more abrupt and desperate.

To add to the difficulties, blame is heaped on the mother and she becomes labelled as 'over-anxious and tense'. Her confidence plummets as she comes to view herself as a bad mother in society's eyes. The more she loses confidence, the more tentative her handling becomes and the more justifiably anxious she becomes.

Ainsworth et al, (1972) found that infants who were picked up frequently and abruptly and held tentatively for relatively brief but frequent periods, tended to respond negatively to being held. They tended to fuss and squirm to be put down but immediately to protest, cry and reach out to be picked up again. At 12 months these infants neither enjoyed being cuddled, nor wanted to be put down. They were the clingy dependent ones and were more reluctant to separate from their mothers to explore their surroundings. On the other hand, they found that infants who in the first three months were held tenderly and carefully, picked up and cuddled merely to show affection and held for relatively long periods, tended to enjoy the physical contact but were happy to be put down. In other words they did not become 'addicted' as our ancestors feared. At 12 months these infants enjoyed being held but did not object when they were put down and returned cheerfully to exploration and play.

In conclusion, many parents quickly become confused by conflicting advice from friends, family and health professionals. Their confidence is undermined to the point where they are unable to do what seems right to them without being made to feel guilty about it.

PREVENTION AND MANAGEMENT

Parents have to feel safe if they are to approach and handle their infants with assurance and confidence and transmit a safe and secure feeling to them.

When babies cry excessively, apportioning blame undermines parents' confidence. Many professionals

give advice such as 'stop worrying, just relax, you're too tense and over anxious' which usually is counterproductive and most unhelpful. While it is undoubtedly true that a parent does transmit anxiety to the baby, to dwell on this alone means that issues, such as parents' confusion, fears and concerns, are ignored. No-one lives in a vacuum and each person, including the baby, brings his or her own temperament and problems to the situation. However, it is the adult and not the infant who is capable of bringing about change when difficulties arise.

Most parents are usually doing something to soothe their distressed infant that is either working reasonably well or is almost working. It helps to boost parents' confidence and self-esteem to look for their strengths as some of their techniques can be expanded upon or modified so they work more effectively. Just telling them they are doing a good job is not always sufficient or particularly helpful.

Advice in the form of recipes such as 'screaming it out', sedating and 'controlled crying' may work very well depending on the circumstances but if they do not, then where does it leave the parents? Advice will work only if it 'feels right'. Newson & Newson (1963) found that professional advice from doctors and nurses invariably urged parents not to 'give in' to the child and that they had to be hard-hearted to be kind in the long run; "yet most of these mothers found the advice either impractical or incompatible with their attitudes and principles, and in consequence, they either felt guilty or resented the source". (Newson & Newson, 1963, p.95).

It is rare to find parents who agree with the advice to sedate their baby, to be able to leave the baby to 'scream it out' for longer than a few minutes or to use 'controlled crying' over protracted periods. These recommended techniques are often based on assumptions which are not only incorrect but which are an <u>oversimplification</u> of the situation and do not take into account the complexities of babies' problems and their parents' concerns.

Instead of giving advice in the form of a 'recipe', I prefer to help parents be able to do what they want in a way that suits them best and to give them a choice of ways they might deal with the problem. I endeavour to help them sort out fact from fiction and helpful advice from the unhelpful. I find it is important for parents to understand the kind of baby they have, what the emotional needs and stages of intellectual development are and what other factors contribute to the difficulty of managing an infant who cries excessively.

(1) Temperament- Some infants come into this world with more difficult temperaments than others and some would make the calmest of parents tense and over-anxious. The physically active and alert baby is very easily over-stimulated and prone to irritability and is often the one who presents with problems of excessive crying. This kind of baby demands stimulation but becomes easily aroused or 'over-loaded'. An outing one day or visit by grandparents may be followed by difficult behaviour that night or next day. It is not necessary or always possible to avoid such occasions but it helps if parents prepare themselves for the consequences or not inflict such experiences on themselves if not feeling up to it. Some professionals advise a 'minimal handling programme' for these babies so that mothers are discouraged from picking them up between feeds. I prefer to help parents understand the role that stimulation and temperament play in their baby's behaviour and to become aware of their handling of the baby as will be described further on. Parents can then generally cope without resorting to unnatural measures such as restricting their social life and not cuddling or playing with the baby.

The passive babies tend to take things in their stride and cut out excess stimulation, such as by going off to sleep. The course of development of these kinds of babies is different and generally much easier for parents to cope with (Brazelton, 1969).

(2) Cultural Perspectives- I have talked about our society's need to control infants. It seems to help parents to be reminded that other societies do not consider control an issue at all. Successive generations of infants have scarcely put their feet to the ground for the first two years of life as they have been carried in constant close contact with their mothers, other adults or older children and have been fed or soothed on demand. Far from becoming spoilt or dependent, the infants in these societies have invariably grown up to become contented, self-disciplined adults.

I am not suggesting we should necessarily follow the same style of child-rearing as in other societies, past or present. We can be grateful though when an infant adapts to our society's unnatural demands, such as of sleeping alone and feeding 4-hourly, without difficulty. However when this does not happen easily, it does not mean that we should embark on a wholesale confrontation with the infant by exhorting parents not to 'give in' because he or she will 'only end up spoilt and clingy.'

(3) Intellectual Development & Emotional Needs- A knowledge of their infant's intellectual development and emotional needs helps parents make the mental switch from focusing on control and discipline to reassurance and relief of discomfort and distress.

This means that parents acknowledge their infant has a need that calls for a response on their part even when the reason for that need is not clearly understood. But their response needs to be guided by their understanding of their child's development.It is also important that parents know they can exercise some judgement as to how much reassurance is needed to relieve the distress. On some occasions the infant may have to be picked up and held firmly and closely to be comforted and reassured but on others this may be out of all proportion to the distress experienced and all that is needed is a soothing word or caress.

> One mother came to me because her 6-month-old baby constantly wakened, crying throughout the night and could not be pacified unless put to the breast each time. After one session with me she resolved the situation herself saying, "I realise I have a child with a need not a problem. I've always thought it was my fault she was being unco-operative and that I was hardly done by. It's still inconvenient when she wakens but now I'm clear about the limits I want to impose and how long she can stay at the breast. It's easy to do that knowing I've met her need for reassurance." Within a week the baby was scarcely wakening at night and needed only minimal reassurance, without breast feeding, to go back to sleep.

(4) Social Factors- There are many other factors which contribute to the problem of excessive crying and which need to be acknowledged even if they cannot be removed. These include social isolation, especially from the mother's family, lack of respite and lack of experience, pressure to stop the crying from a husband who is on shift work, concern about what the neighbours think and sheer exhaustion from lack of sleep.

(5) Physical Causes- There are often physical factors early in life which give rise to concern and anxiety about the baby's well being, for instance early breathing difficulties or a convulsion. These may disrupt the mother-child relationship in subtle ways and result in a tentative type of handling. It is no use telling parents not to worry - they need to understand why they do not have to worry.

> I can remember one mother who responded urgently to the first whimperings of her particularly

grizzly 12-month-old child and could not ignore them for fear he would begin sobbing. It transpired he had been hospitalised when he was six weeks old and was thought to have had a fit. His mother realised she was still trying 'to make it up to him', to try to counteract this unpleasant experience but had forgotten that she actually feared he might have another fit if he cried too much. Once the mother was able to discuss her fears with the paediatrician and found them groundless, she became much more confident in handling the child. He stopped grizzling and crying, began to separate from her, and began to enjoy playing on his own.

There may be subtle neurological problems which cannot be detected early in life but which may contribute to the problem of excessive crying. These are poorly understood and will not be discussed in this paper.

(6) Handling- Finally, parents can usually prevent difficult patterns of crying developing or resolve minor difficulties by becoming aware of their own handling.

(a) Controlling- Parents need to be aware when they feel out of control with a baby who is crying excessively. They should avoid regaining control of the situation by trying to control the baby's crying as most people will advise. Most parents know they cannot make the baby stop crying and yet they cannot help trying to do so. In the process they often become desperate, resentful or angry and their handling of the baby becomes anxious and abrupt.

A mother who came to see me about her baby who wakened crying throughout the night, reported no change in his behaviour at the second session. The baby slept in a room with the two other children and each time he cried, they wakened too. The family was to move house in six weeks' time and the other children would then have a room on their own. The option of 'doing nothing' until they moved was discussed and the mother decided that was a good idea, but in the meantime she would put the baby to bed earlier and spend more time with the other two children. Within the next few days the baby began sleeping through the night, presumably because the mother's handling became more decisive and she was relieved of the pressure to stop his crying. It seems she had regained control of the situation without trying to control the baby's wakening and crying.

There are many times when a baby will not stop crying when picked up, for instance, when still hungry, when sick or in pain, or if sobbing with extreme distress. A young baby does not always stop crying when picked up, either. As stated earlier, Ainsworth et al (1972) believe there is a time lag of about 3 months between a mother's responsiveness to crying and its effect on the intensity of the infant's crying. This effect can be delayed further if there have been disruptions to the development of the attachment relationship. For example, a disruption may have been caused by a parent's anxiety about the baby's well being in the first few months of life, which has affected the nature of the parent's response to crying and the consistency of the baby's experience. It is vitally important that parents realise a temperamentally difficult baby will inevitably be much more difficult to comfort than a more easy-going baby.

Parents feel helpless if they are unable to soothe their distressed baby but at least if they are holding the baby close, they can seek comfort from the fact that they are not abandoning the child to its distress. Many parents whose babies are known to be in pain have reported that they feel more in control of the situation, and that the baby is less distressed, when they have become aware of their own handling and have realised that although they cannot stop the crying, they can still hold and reassure.

There are always times when a baby has to be put down, and may in fact be better off, especially if the parents themselves become distressed or resentful.

(b) Calming- Parents need to be aware whether the calming techniques they are using are in fact over-stimulating the baby in the long run, such as holding and jigging and swaying and shooshing and singing and stroking all at the same time. Not only does doing so many things at once have an arousing effect, but it creates an 'over-production' - that there is a great deal for the baby to feel unsafe about.

If parents become aware of the point at which nothing works, then they can begin to do less, not more, for instance, when parents move the baby from over the shoulder to over the knee, to swinging back and forth, down to the floor to see if the nappy needs changing, and back up to the shoulder, perhaps it is time simply to hold the baby in one position that is comfortable and to allow the crying to continue. Just the changes in the position of the baby's head in space when being moved from one position to another in desperation would make most adults sick if it happened to them. It takes a conscious effort for most parents to resist the temptation to move a baby who cannot be

comforted, from one position to another. This may feel strange not only to the parent but to the baby as well, who may then cry more loudly in protest before calming down.

For parents of a baby who cries excessively, this may be particularly difficult and the child may become more distressed. This calls for careful assessment of the situation and it may call for another strategy to be tried.

(c) Picking up- Parents need to become aware of how often they are picking up and putting the baby down, or running and doing a job in between and of looking at all the dishes piling up whilst trying to pacify the baby. They perhaps need to finish what they are doing and then pick the baby up - not that leaving the baby to cry teaches it anything but it does mean that the parent is freer in the mind to spend 5 minutes holding the baby more calmly. As demonstrated earlier the quality of the contact is important and it is better to hold less often and for longer than for brief, frequent periods (Ainsworth et al, 1972 and Bell & Ainsworth, 1972).

(d) Responding- There has been a great deal said about the promptness of the response to crying, but parents need to become aware of whether they are responding promptly or urgently to crying. An urgent response usually results in a more frantic and abrupt kind of handling which the baby senses. By allowing a couple of minutes to elapse, parents can finish what they are doing and then pick the baby up more calmly. It also means the infant has the opportunity to settle itself and may calm down in the meantime.

(e) Pushing Away- Some children find it difficult to separate from their parents and continually cling to them for reassurance. Parents need to be aware that if they push them away in order to encourage them to separate, they are likely to increase the child's 'clingyness' and separation anxiety. Parents can see that children will become physically more independent with age, for instance that they will not need their nappies changed for them, or to be fed from a bottle when they are going to school. It is unfortunate that many parents have so much difficulty seeing that infants do not need to be forced to become more emotionally independent.

> A mother brought her 12-month-old child to me because he seemed excessively clingy compared with her friends' children of the same age. I suggested she try to become aware of whether or not she was pushing him away and during the next week to make a conscious effort to allow him to

come back for reassurance. At the next appointment she reported that he was no longer anxious about separating from her and was exploring his surroundings with interest. She said she realised she had in fact been pushing him away to encourage him to be independent and thought she had been subtly influenced by the belief that males, and especially Australian males, must become independent as early as possible. It seems that once he developed a sense of confidence that his needs would be met, he needed to be reassured less often.

Some babies who cry excessively do not respond to this approach or to others which have been tried. The only course of action is to support the parents until the baby is older and more accessable to change and management. Some factors which compound the problem are a baby who has an extremely difficult temperament or a worrying medical condition; a mother who is depressed, or who does not like her baby; or parents who have marital difficulties or social problems.

ADULT ANALOGY

Although the intellectual ability of infants and adults differs greatly, the emotional needs of infants are very similar to those of adults. We all need to feel safe in order to explore the world, take risks and become emotionally independent. Adults need to develop a sense of trust that someone in a close relationship to them will respond to their need for reassurance when it is needed and that they will not be ignored. Adults, like infants, often become anxious and dependent if pushed away. Unlike infants, though, they can usually go elsewhere for support and reassurance.

Whilst adults need some sense of control over access to this responsive person, that person can nevertheless still maintain control over the nature of the contact, for example, "I'm going to make these 'phone calls and then we can talk" or "I can see you for only half an hour to-day but you can ring me to-morrow if necessary between 10 a.m. and 11 a.m." The problem starts when adults are not sure whether the person to whom they turn will respond, or if they will be accused of just wanting attention.

IN SUMMARY

It seems to help parents prevent excessive crying from developing if they understand normal development and their own baby's temperament, and can acknowledge their own needs. Parents who can respond promptly but

not urgently to crying and enjoy cuddling for affection's sake without feeling guilty, will, contrary to popular belief, have a baby who at 12 months cries less, is more independent and is neither spoilt nor uncontrollable. According to Ainsworth et al (1972) "two ways to 'spoil' a baby and to make him fussy and 'overdependent' are to ignore his crying or fail to respond to it promptly and to pick him up abruptly and hold him too briefly." (Ainsworth, 1973, p82). It helps parents who are trying to comfort a distressed infant to become aware of the arousing and over-stimulating effect of some recommended 'calming' techniques, of constant changes of position and continual picking up and putting down.

If excessive crying does develop, parents who are given some choice in the way they deal with the problem seem to cope better.

To conclude, I am reminded of the time I paid a rare visit to a friend who had a 5-month-old baby. The two dogs barked at my arrival and continued to do so for the next five minutes, when the baby was taken upstairs and put to bed. The baby cried on being left alone and my friend went upstairs once to reassure her and then she went to sleep.

Did the baby cry because she was seeking attention and just wanted to be down where all the action was? Was she in danger of becoming spoilt and uncontrollable if such cries were responded to?

OR,

Did the baby cry because there was a strange person in the house and it was out of context for the dogs to keep on barking? Was the need to be close and reassured that all was safe and well intensified by the prevailing circumstances?

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